

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

AKG280003	001
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILLING FLUIDS & DRILLING CUTTINGS - SPP TOXICITY - 96 HOUR LC50	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				3000					ONCE/ MONTH	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS
DRILLING FLUIDS & DRILLING CUTTINGS - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	SS
DRILLING FLUIDS & DRILLING CUTTINGS - DIESEL OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT			ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - MERCURY	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						1.0	mg/kg		ONCE/ YEAR	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - CADMIUM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						3.0	mg/kg		ONCE/ YEAR	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - CHROMIUM VI	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT	g/L		ONCE/ WELL	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES
SUPT.-EP AMER.-SEPCo

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

907 770-3700

08 10 09

AREA
CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.

ADDRESS 3601 C STREET
SUITE 1314
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FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
AKG280003	001
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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DRILLING FLUIDS & DRILLING CUTTINGS - SILVER	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT	g/L		ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - THALLIUM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT	g/L		ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - TOTAL AQUEOUS HYDROCARBONS (TAQH)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT	g/L		ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - TOTAL AROMATIC HYDROCARBONS (TAH)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT	g/L		ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	BBLs						ONCE/ MONTH	EST
DRILLING FLUIDS & DRILLING CUTTINGS - DISCHARGE RATE	SAMPLE MEASUREMENT			BBLs/ HR							
	PERMIT REQUIREMENT		SEE PERMIT							ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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SUITE 1314
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FACILITY
LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
AKG280003 002
PERMIT NUMBER DISCHARGE NUMBER

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OMB No. 2040-0004
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MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
08 09 01 08 09 30
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DECK DRAINAGE - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
DECK DRAINAGE - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
DECK DRAINAGE - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
DECK DRAINAGE - TOTAL AQUEOUS HYDROCARBONS (TAQH)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT	g/L		ONCE/ DISCH	GRAB
DECK DRAINAGE - TOTAL AROMATIC HYDROCARBONS (TAH)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT	g/L		ONCE/ DISCH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES
SUPT.-EP AMER.-SEPCO

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FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

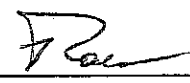
(2-16)	(17-19)
AKG280003	003
PERMIT NUMBER	DISCHARGE NUMBER

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OMB No. 2040-0004
Approval expires 05-31-98

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SANITARY WASTES - FLOW	SAMPLE MEASUREMENT			MGD								
	PERMIT REQUIREMENT		REPORT							DAILY	MEAS	
SANITARY WASTES - BOD5	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					30	60	mg/L		ONCE/ WEEK	GRAB/ COMP	
SANITARY WASTES - TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					30	60	mg/L		ONCE/ WEEK	GRAB/ COMP	
SANITARY WASTES - FLOATING SOLIDS & GARBAGE	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS	
SANITARY WASTES - FOAM	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS	
SANITARY WASTES - OILY SHEEN	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS	
SANITARY WASTES - pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6.0		9.0	s.u.		ONCE/ MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)</small>				TELEPHONE		DATE				
VINCENT C. ROES SUPT.-EP AMER.-SEPCo						 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		907	770-3700	08	10	09
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

AKG280003

003

PERMIT NUMBER

DISCHARGE NUMBER

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OMB No. 2040-0004
Approval expires 05-31-98


MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
08 09 01 08 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SANITARY WASTES - FECAL COLIFORM BACTERIA	SAMPLE MEASUREMENT								colon /100 mL	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT					100	200				
SANITARY WASTES - TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT								mg/L	ONCE/ WEEK	GRAB
	PERMIT REQUIREMENT					0.5	1.0				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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VINCENT C. ROES SUPT.-EP AMER.-SEPCo			907	770-3700	08	10	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503
FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
AKG280003 004
PERMIT NUMBER DISCHARGE NUMBER


Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
08 09 01 08 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DOMESTIC WASTES - FLOATING SOLIDS, GARBAGE, OR FOAM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS
DOMESTIC WASTES - FLOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	MGD						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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VINCENT C. ROES SUPT. - EP AMER. - SEPCO			907	770-3700	08	10	09
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FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

AKG280003

PERMIT NUMBER

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OMB No. 2040-0004
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MONITORING PERIOD

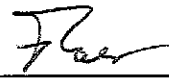
YEAR	MO	DAY	YEAR	MO	DAY
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DESALINATION UNIT - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							REPORT MO TOTAL		ONCE/ DISCH	VIS
DESALINATION UNIT - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							REPORT MO TOTAL		ONCE/ DISCH	SS
DESALINATION UNIT - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES SUPT. - EP AMER. - SEPCO TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			907 770-3700	08	10	09	

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DISCHARGE MONITORING REPORT (DMR)

AKG280003	006
PERMIT NUMBER	DISCHARGE NUMBER

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BLOWOUT PREVENTER FLUID - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
BLOWOUT PREVENTER FLUID - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
BLOWOUT PREVENTER FLUID - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES
SUPT. - EP AMER. - SEPCO

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

907 770-3700

AREA
CODE

NUMBER

DATE

08 10 09

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY
LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
AKG280003 007
PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
08 09 01 08 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOILER BLOWDOWN - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
BOILER BLOWDOWN - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
BOILER BLOWDOWN - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES
SUPT.-EP AMER.-SEPCo

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

907 770-3700 08 10 09
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503
FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-18) (17-19)
AKG280003 008
PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 08 09 01 TO 08 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FIRE CONROL SYSTEM TEST WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
FIRE CONROL SYSTEM TEST WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
FIRE CONROL SYSTEM TEST WATER - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. (AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
VINCENT C. ROES SUPT.-EP AMER.-SEPCo						707 770-3700		08	10	09	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR	MO
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		707 770-3700		08		10		09			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.

ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

AKG280003	009
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NON-CONTACT COOLING WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
NON-CONTACT COOLING WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
NON-CONTACT COOLING WATER - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES
SUPT.-EP AMER.-SEPCo

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

907 770-3700

AREA
CODE

NUMBER

DATE

08 10 09

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

AKG280003	010
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
UNCONTAMINATED BALLAST WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
UNCONTAMINATED BALLAST WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
UNCONTAMINATED BALLAST WATER - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES
SUPT. - EP AMER. - SEPCO

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 38 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

907 770-3700

AREA
CODE

NUMBER

DATE

08 10 09

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.

ADDRESS 3601 C STREET

SUITE 1314

ANCHORAGE, AK 99503

FACILITY
LOCATION

FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

AKG280003

PERMIT NUMBER

011

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

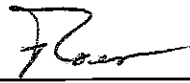
MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	08	09	01		08	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BILGE WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							REPORT MO TOTAL		ONCE/ DISCH	VIS
BILGE WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							REPORT MO TOTAL		ONCE/ DISCH	SS
BILGE WATER - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
VINCENT C. ROES SUPT. - EP AMER. - SEPCO			907	770-3700	08	10	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.

ADDRESS 3601 C STREET

SUITE 1314

ANCHORAGE, AK 99503

FACILITY

LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

AKG280003

012

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

08 09 01 TO 08 09 30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EXCESS CEMENT SLURRY - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							REPORT MO TOTAL		ONCE/ DISCH	VIS
EXCESS CEMENT SLURRY - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							REPORT MO TOTAL		ONCE/ DISCH	SS
EXCESS CEMENT SLURRY - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
VINCENT C. ROES		907 770-3700		08	10	09
SUPT. - EP AMER. - SEPCO		AREA CODE NUMBER		YEAR	MO	DAY

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503
FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
AKG280003 013
PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 08 09 01 TO 08 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MUDS, CUTTINGS, & CEMENT AT THE SEAFLOOR - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
MUDS, CUTTINGS, & CEMENT AT THE SEAFLOOR - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
MUDS, CUTTINGS, & CEMENT AT THE SEAFLOOR - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES
SUPT. - EP AMER. - SEPCO

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

907 770-3700

AREA
CODE

NUMBER

DATE

08 10 09

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION